

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
 Regulatory and Compliance Division
 P.O. Box 30670
 Lansing, MI 48909
 (517) 373-4972
www.michigan.gov/healthlicense

Board Use Only

**APPLICATION FOR
 RECLASSIFICATION OF LIMITED LICENSE**

Authority: Michigan Public Health Code, Public Act 368 of 1978, as amended

Please PRINT Clearly

First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	Telephone Number w/Area Code
Michigan Professional License Number	U.S. Social Security Number	Date of Birth (MM/DD/YY)	TCN Identifier Number

SIGNATURE

Date

Check the profession for which you are requesting reclassification. Please submit the appropriate fee indicated by the profession. Please make your check or money order payable to the STATE OF MICHIGAN. Do not send cash. Fees are earned upon receipt and can only be refunded under rules promulgated by the Department.

- | | | |
|--|--|---|
| <input type="checkbox"/> ACUPUNCTURIST - \$75.00 (54-01-50) | <input type="checkbox"/> O.D. - \$20.00 (49-01-50) | <input type="checkbox"/> L.L.P. - \$50.00 (63-01-50) |
| <input type="checkbox"/> ATHLETIC TRAINER - \$75.00 (26-01-50) | <input type="checkbox"/> D.O. - \$50.00 (51-01-50) | <input type="checkbox"/> L.P.C. - \$50.00 (64-01-50) |
| <input type="checkbox"/> AUDIOLOGIST - \$120.00 (16-01-50) | <input type="checkbox"/> O.T. - \$20.00 (52-01-50) | <input type="checkbox"/> L.L.P.C. - \$50.00 (64-01-50) |
| <input type="checkbox"/> D.C. - \$20.00 (32-01-50) | <input type="checkbox"/> O.T.A. - \$20.00 (52-02-50) | <input type="checkbox"/> R.T. - \$20.00 (44-01-50) |
| <input type="checkbox"/> DENTIST &/OR SPECIALTY - \$20.00 (29-01-50) | <input type="checkbox"/> PHARM - \$35.00 (53-01-50) | <input type="checkbox"/> SANITARIAN - \$20.00 (67-01-50) |
| <input type="checkbox"/> R.D.H. - \$15.00 (29-02-50) | <input type="checkbox"/> PHARM - CS - \$20.00 (3757-50) | <input type="checkbox"/> SPEECH-LANG.- \$20.00 (71-01-50) |
| <input type="checkbox"/> R.D.A. - \$10.00 (29-03-50) | <input type="checkbox"/> R.Ph. - \$20.00 (53-02-50) | <input type="checkbox"/> S.S.T. - \$15.00 (68-03-50) |
| <input type="checkbox"/> M.F.T. - \$25.00 (41-01-50) | <input type="checkbox"/> MANF/WHSLR - \$25.00 (53-06-50) | <input type="checkbox"/> LBSW - \$15.00 (68-02-50) |
| <input type="checkbox"/> MASSAGE THERAPY- \$20.00- (75-01-50) | <input type="checkbox"/> P.T. - \$20.00 (55-01-50) | <input type="checkbox"/> LMSW - \$15.00 (68-01-50) |
| <input type="checkbox"/> M.D. - \$50.00 (43-01-50) | <input type="checkbox"/> P.T.A. - \$20.00 (55-01-50) | <input type="checkbox"/> D.V.M. - \$20.00 (69-01-50) |
| <input type="checkbox"/> R.N. and/or SPECIALTY - \$24.00 (47-04-50) | <input type="checkbox"/> P.A. - \$30.00 (56-01-50) | <input type="checkbox"/> VET TECH - \$10.00 (69-02-50) |
| <input type="checkbox"/> L.P.N. - \$20.00 (47-03-50) | <input type="checkbox"/> D.P.M. - \$20.00 (59-01-50) | |
| <input type="checkbox"/> N.H.A. - \$15.00 (48-01-50) | <input type="checkbox"/> PSYCHOLOGIST-\$50.00 (63-01-50) | |

1. Submit this application, along with the required supporting documents, to the address shown above.
2. All supporting affidavits **must be notarized**.
3. All supporting documents **must be attached to this application**.
4. Submission of separate mailing of the supporting documents is not acceptable and will cause rejection of your application.
5. The proper fee, as listed above, must accompany this application or it will be rejected.
6. You must have a criminal background check and provide the TCN identifier number assigned to you.
 The **TCN** is required and will be supplied by the entity performing the criminal background check pursuant to Section 333.16174 (see attached "Livescan Fingerprint Request" form).

Supporting documents consist of a minimum of two (2) affidavits which attest to any or all of the following:

- A. that you are of good moral character
- B. that you are able to resume the practice of your profession with reasonable skill and safety, and
- C. that it is in the public interest that your license be reinstated.

Section 333.16245(8) An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the background check to the board with his or her application for reinstatement or reclassification.

AFFIDAVITS INFORMATION SHEET

Please read carefully

The statute governing the powers of a notary public reads in pertinent part:

"Notaries public shall have authority to take the proof and acknowledgments of deed; to administer oaths and take affidavits in any matter or cause pending, or to be commenced...."

The law of the State of Michigan requires that signatures to certain legal instruments (in this case affidavits) be acknowledged before a person authorized by law to take acknowledgments, such as a notary public. This is required so that such instruments can be recorded. **An example of how an acknowledgment is taken would be as follows:**

John Doe appears before a notary public with the unsigned instrument and, in the presence of the notary public, signs the instrument and then acknowledges to the notary public that the signature on the instrument is his, that he is the person indicated in the instrument and that he signed the instrument voluntarily and without duress. The notary public then certifies on the instrument itself that it was acknowledged in his/her presence. In the certification, the notary public is stating in his/her official capacity that the person so signing was the person he claimed to be. Obviously, when a notary public is not familiar with the person whose acknowledgment he/she is certifying, the notary public should request that some type of identification be shown.

The signature and stamp of the notary is not sufficient for the affidavit to be acceptable to this Department. The notary must include the date of signature on the affidavit. The wording and format of the certification required to be placed on each affidavit is shown in the example below:

Subscribed and sworn to before me this 1st day of May, 2013.

(Notary signature here) Jane P. Doe

Notary Public (Notary name printed here) Jane P. Doe (County Name) County

My Commission expires: (5/30/2015)

Additional Facts:

1. A notary public cannot certify the acknowledgment to an instrument to which he/she, himself/herself, has an interest. A notary public may take the acknowledgement of a relative, including a spouse; however, in order to avoid questions of conflict of interest, an independent notary public should be used.
2. An affidavit is a written or printed declaration or statement of facts. It must be made voluntarily and confirmed by the oath or affirmation of the party making it, made before a notary public. The notary public must administer the oath or affirmation prior to the taking of the affidavit.

Affidavits are written statements by individuals, made on oath, before a notary public or other person authorized to administer oaths. At minimum, an affidavit must contain the following: Signature of the party making the sworn statement and the date of the signature; signature of notary public and date notarized; the typed, printed or stamped name of notary; and the state, county and expiration date of the notary's commission.

Révised 04/2013



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

MIKE ZIMMER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For Applicants in Michigan)**

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either MorphoTrust (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use MorphoTrust or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Bureau of Professional Licensing. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Bureau of Professional Licensing will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau for review.
7. Information about fees and scheduling your fingerprint appointment with MorphoTrust can be found at www.identogo.com or by calling 1-866-226-2952.
8. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
9. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

MIKE ZIMMER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.50, made payable in U.S. Funds, to "MorphoTrust USA" to the following address:

MorphoTrust USA
Attn: Card Scan Processing Unit
3051 Hollis Drive Ste 310
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. MorphoTrust will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Professional Licensing will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau for review.
7. Call MorphoTrust toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

RICK SNYDER
GOVERNORSTATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSINGMIKE ZIMMER
DIRECTOR**LIVESCAN FINGERPRINT REQUEST FORM**

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:			
Date of Birth (MM/DD/YYYY):		Race:		Sex:	
Height:	Weight:	Eye Color:		Hair Color:	
Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):					
<input type="checkbox"/> Acupuncture Agency ID # 90889P		<input type="checkbox"/> Medicine Agency ID # 90897K		<input type="checkbox"/> Physical Therapy Agency ID # 90906M	
<input type="checkbox"/> Athletic Trainer Agency ID # 90890J		<input type="checkbox"/> Nursing- LPN Agency ID # 90899J		<input type="checkbox"/> Physician Assistant Agency ID # 90907E	
<input type="checkbox"/> Audiology Agency ID # 90891P		<input type="checkbox"/> Nursing- RN Agency ID # 90898T		<input type="checkbox"/> Podiatry Agency ID # 90908L	
<input type="checkbox"/> Chiropractic Agency ID # 90892H		<input type="checkbox"/> Nursing Home Admin Agency ID # 90901K		<input type="checkbox"/> Psychology Agency ID # 90909A	
<input type="checkbox"/> Counseling Agency ID # 90893M		<input type="checkbox"/> Occupational Therapy Agency ID # 90902T		<input type="checkbox"/> Respiratory Care Agency ID # 90910L	
<input type="checkbox"/> Dentistry Agency ID # 90894E		<input type="checkbox"/> Optometry Agency ID # 90903J		<input type="checkbox"/> Social Work Agency ID # 90912K	
<input type="checkbox"/> Marriage & Fam. Ther. Agency ID # 90895L		<input type="checkbox"/> Osteopathic Medicine Agency ID # 90904P		<input type="checkbox"/> Speech-Lang Pathology Agency ID # 90913T	
<input type="checkbox"/> Massage Therapy Agency ID # 90896A		<input type="checkbox"/> Pharmacy Agency ID # 90905H		<input type="checkbox"/> Veterinary Medicine Agency ID # 90914J	

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of ID Presented:	

REQUESTING AGENCY INFORMATION

Agency Name:	Reason Fingerprinted:	Cost:
MI DEPT OF LARA-	LHP – Licensed Health Care Professional (MCL333.16174)	

LARA is an equal opportunity employer.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
611 W. OTTAWA ST. • P.O. BOX 30670 • LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense • (517) 335-0918

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

**HEALTH CODE BOARDS
DISCIPLINARY PROCEEDINGS**

R 792.10712 Limited license; reclassification; standards and procedures.

Rule 712. (1) The limitations on a license shall continue until the expiration of the period of limitation set forth in the order or until the license is reclassified pursuant to this rule, whichever is later. The period of limitation set forth in the order is a minimum period.

(2) A petition for reclassification of a license that has been limited shall be made in accordance with this rule.

(3) If a license is limited for 1 year or less, it is presumed that the petitioner meets the requirements of section 7316 or 16249 of the code, MCL 333.7316 or MCL 333.16249, unless 1 of the following provisions applies:

(a) The order imposing the limitations provides otherwise.

(b) Another complaint has been filed and is pending at the end of the period of limitation.

(c) A subsequent disciplinary order has been entered.

(d) A response in opposition to reclassification has been filed by a complaining party alleging that the petitioner has failed to fulfill a term of the order imposing the limitations.

(4) If a license is limited for an unspecified period of time or for more than 1 year, or if the petitioner is not entitled to a presumption pursuant to subrule (3) of this rule, then the license shall not be reclassified until the disciplinary subcommittee finds that the petitioner meets the requirements of section 7316 or 16249 of the code, MCL 333.7316 or MCL 333.16249.

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Courtesy of www.michigan.gov/orr

(5) A petition, with supporting affidavits, shall not be filed for at least 1 year after the effective date of the order imposing the limitations, unless otherwise provided in the order.

(6) Within 30 days after the petition is filed, a complaining party may file a response to the petition. If the response opposes the reclassification, a hearing shall be scheduled. If the petitioner fails to appear at the scheduled hearing, either in person or by counsel, the petitioner shall be deemed in default. If a response is not filed or if the response does not oppose reclassification, the disciplinary subcommittee shall review the petition with supporting affidavits and shall determine whether the requirements of section 7316 or 16249 of the code have been met. If it is found that the requirements have not been met, the petitioner shall be notified and, within 30 days after service of the notice, may request a hearing. The petition for reclassification shall be deemed denied if the petitioner does not file a timely request for a hearing.

(7) After a hearing has been completed, the disciplinary subcommittee shall determine whether the petitioner has satisfied section 7316 or 16249 of the code. The disciplinary subcommittee may deny the petition or grant the petition subject to such terms and conditions as it may deem appropriate.

(8) A subsequent petition for reclassification shall not be filed with the department for at least 1 year after the effective date of the order denying reclassification, unless otherwise ordered

by the disciplinary subcommittee.

History: 2015 MR 1, Eff. Jan. 15, 2015.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
Fax: 517-373-7179
www.michigan.gov/healthlicense

BOARD USE ONLY**DATA CHANGE/DUPLICATE LICENSE REQUEST**

Authority: Public Act 368 of 1978, as amended.

PHARMACY STORES AND MANUFACTURER/WHOLESALE/DISTRIBUTORS DO NOT USE THIS FORM FOR A NAME AND/OR ADDRESS CHANGE. YOU WILL NEED TO COMPLETE A RELOCATION APPLICATION WHICH CAN BE OBTAINED EITHER ONLINE AT WWW.MICHIGAN.GOV/HEALTHLICENSE OR BY CONTACTING THIS OFFICE AT THE NUMBER LISTED ABOVE.

NURSE AIDES DO NOT USE THIS FORM. YOU NEED TO CONTACT PROMETRIC AT 1-800-752-4724 TO OBTAIN THE PROPER FORM FOR NAME AND/OR ADDRESS CHANGE OR TO OBTAIN A DUPLICATE CERTIFICATE.

Address changes can also be processed online by visiting our website at www.michigan.gov/elicense. However, please use this form when requesting a name change.

CURRENT INFORMATION ON LICENSE/REGISTRATION: Please TYPE or PRINT only.

First Name:	Middle Name:	Last Name:	
MI Permanent I.D./License Number:	U.S. Social Security Number:	Date of Birth (MM/DD/YYYY):	
Profession:		E-mail Address:	

Please check the boxes below for the service you are requesting:Please specify which licenses/registrations you want changed. **NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional License/Registration | <input type="checkbox"/> Controlled Substance | <input type="checkbox"/> Specialty License |
| <input type="checkbox"/> Drug Control | <input type="checkbox"/> Drug Treatment Prescriber | |

- ☐ 1. **NAME CHANGE:** I request the Department to change my records due to a name change. A copy of the legal document (i.e. **marriage certificate, divorce decree or other form of legal documentation**) must be submitted, with this form, to verify the name change you are requesting. Your signature must be provided on the reverse side. If you would like a new license reflecting your new name, please see fee requirement on reverse side.

First Name:	Middle Name:	Last Name:
Reason for Change:		

- ☐ 2. **ADDRESS CHANGE FOR PROFESSIONAL AND/OR SPECIALTY LICENSE:** I request the Department to change my records due to an address change. Your signature must be provided on the reverse side. If you would like a new license reflecting your new address, please see fee requirement on reverse side.

Name of Office/Facility (if applicable):		
Street Address:		
City:	State:	Zip Code:
Phone Number w/Area Code:		E-Mail Address:

Name:		
<input type="checkbox"/> 3. ADDRESS CHANGE FOR CONTROLLED SUBSTANCE AND DRUG CONTROL LICENSE: I request the Department to change my records due to an address change. Your signature must be provided below. If you would like a new license reflecting your new address, please see fee requirement listed below.		
MI Permanent I.D. Number:		
Name of Office/Facility:		
Street Address of Office/Facility:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

<input type="checkbox"/> 4. DUPLICATE LICENSE - \$10.00 for EACH license: I request the Department to issue a duplicate for the following reason:	
<input type="checkbox"/> Data Change <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Not Received <input type="checkbox"/> Destroyed	
If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.	
Please check below the license(s) you are requesting a duplicate to be issued. Make your check payable to the State of Michigan for the total amount.	
<input type="checkbox"/> Professional License/Registration - \$10.00 <input type="checkbox"/> Specialty License - \$10.00	
<input type="checkbox"/> Controlled Substance - \$10.00 <input type="checkbox"/> Drug Control - \$10.00 <input type="checkbox"/> Drug Treatment Prescriber - \$10.00	
Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this request. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.	

Signature of Applicant	Date Signed
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.